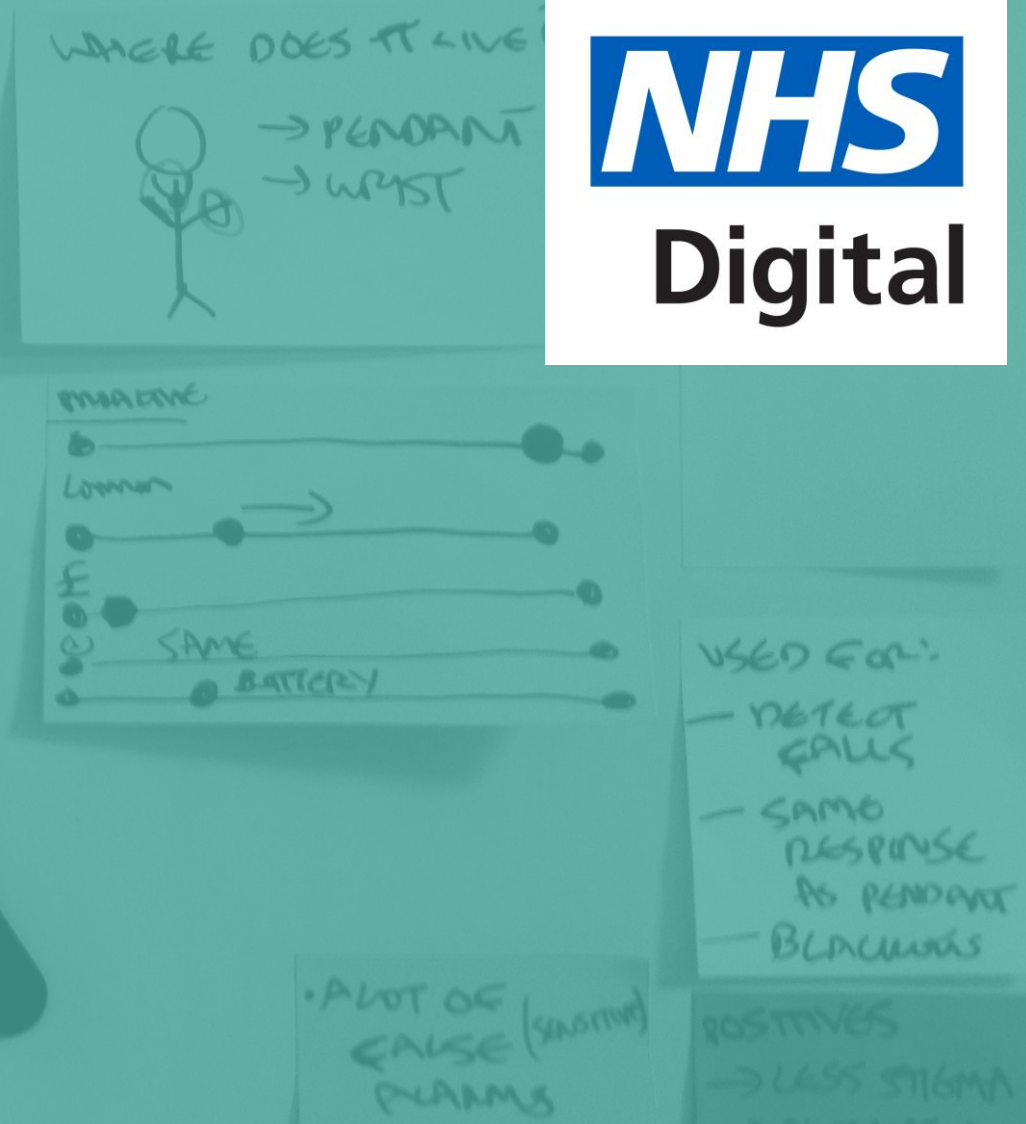


Maximising the Impact of Technology Enabled Living

3. Implementation Phase Report



SCDIP Implementation Phase

Stockport Council serves a population of over 290k people. By 2020 the number of people aged over 65 is expected to increase by 5% and over 85s by 11%, resulting in high demand for care services. To address rising demand, Stockport are working on two TEC projects from Stockport's Technology Enabling Living (TEL) pathway. By maximising use of technology, Stockport aims to reduce the need for higher level care.



The Kit 'Swap Out' trial

The purpose of the Swap Out trial is to reduce no voice contacts and high volumes of false alarms (issues identified during the Discovery) using kit from Essence.

The Essence kit we are interested in using are:

- the additional speaker unit (knowns as a Voice Panic Detector VPD) and
- the more advanced falls detector to reduce false alarms.

The VPD allows 2 way speech between the control centre and client, in addition to the 2 way communication through the main unit. By placing additional VPDs in different rooms in a service user's home, we want to maximise the opportunity for the control centre to speak to service users and reduce no voice contacts (NVC).

Before we could purchase the Essence kit, we had to make sure it would work with Carecall's control desk (PNC 6.3).

At the end of initial testing, we were unable to achieve 2 way speech between the control centre and client through the VPD, and weren't able to simulate a fall using the advanced falls detector – this functionality is crucial to the Swap Out trial, and has meant that so far we have been unable to proceed with this trial.

We still plan to trial kit to reduce NVC and false alarms.

- Following the initial failed tests, Essence has now created a software patch to resolve the connectivity and 2 way speech issues.
- We've now undertaken further testing of the Essence kit using the patch, and have achieved 2 way speech through the VPD using PNC 6.3, although we still haven't tested the advanced falls detector by simulating a fall.
- Our control centre is also upgrading to PNC 8.2 which with some modifications should also enable use of Essence kit.
- In addition we have also been approached by another supplier to test a similar speaker unit.
- We now plan to wait for completion of the PNC upgrade before trialling the Essence and Tunstall kit.
- In preparation for these trials, we will start the procurement process to purchase the kit needed
- To help inform our Swap Out trial we have undertaken a small number of interviews with existing clients who have experienced high false alarms

Stakeholder engagement

Similar to the discovery phase, residents and staff needed to be closely involved in this implementation stage. A [strategy](#) for collecting continuous feedback and to help assess tangible and intangible benefits (such as reduced lead times and more trust in Carecall) was developed. We also wanted to ensure that project measurements were taken from multiple perspectives (data, staff, client, family/carer).

[Surveys](#) were chosen as the main method of engagement as they could easily and consistently be carried out by staff with clients during visits, or completed online at regular intervals, without much involvement/dependency on the project team.

For the **Swap Out group**, we plan to use the same survey for current kit vs. the new kit about 6 weeks later. The approach used to inform some of the survey questions is that of the ['5E's of Usability'](#) (effective, efficient, easy to learn, error tolerant, engaging), which helps to assess how well a user can interact with a product.

For this group, we also felt that it is important to 'dig deeper' into people's everyday lives and how they use their existing equipment through more in-depth interviews. This would enable us to do another mini-discovery focused specifically on the target audience for the Swap Out aspect (high falls, high NVCs) and test some of our assumptions around the kit.

So far 3 clients with high alarm histories have been interviewed. They have very different needs so we were able to gather valuable insights into their life with, and perception of, Carecall and technology.



The Fast Track Trial

Making it happen

This trial is a collaboration between the Stockport Triage and Assessment team (STAT) and our telecare monitoring centre, Carecall. The trial is testing quicker installation of telecare alert equipment by frontline staff at assessment visits.

The STAT team are a new front door service within Adult Social Care, set up to carry out robust functional assessments with suitable clients at first contact and resolve issues quickly, avoiding delays and unnecessary Care Act assessments. The STAT team's work ensures Stockport delivers the 'prevent, reduce, delay' principles of the Care Act, and aligns perfectly with quick and timely installation of telecare equipment.

The main criterion for choice of kit for the Fast Track trial was ease of installation by frontline staff. Initially we had planned to use Essence kit for this trial, however due to problems with connectivity outlined previously, this wasn't possible. In order to avoid any delays and ensure the trial could proceed on time, the decision was made to use Doro kit. This kit is already in use in Stockport and staff from our control centre are familiar with it. It is easy to pre-programme and install, operates using a built-in roaming SIM and is IP compatible for the digital switch over. It has a main base unit and can be supplied with a simple easy to press pendant or with a falls detector depending on the client's needs.

A vital component in providing telecare equipment is ensuring response services can offer appropriate support by having quick and easy access to a client's property. Normally this is done through provision of a permanent key safe. This wasn't possible for the Fast Track provision, and was overcome by providing the STAT team with temporary key safes. These are quick and easy to install by front line adult social care staff at assessment visits along with the telecare kit.

Training and fine tuning

In preparation for the trial, training in use of the equipment was provided to the STAT team from Doro. The training covered how to set up the unit and pendant or falls detector, how the kit works and further details about specifications. Carecall have also provided continued support on any installation or technical issues that the STAT team have had with the kit.

Before the trial began, both STAT and Carecall staff also attended training from the Keysafe Company on how to set up temporary key safes. This included tips about suitable places to install the key safes. The Keysafe Company offer 2 types of temporary key safe. Following discussion with the Intermediate Care Team within the Council, the decision was made to use the same padlock type key safes used by Intermediate Care.

Training was also provided by the project team - outlining and agreeing the responsibilities and actions each organisation had at each stage of the Fast Track process.

- Adult Social Care are responsible for ordering kit
- Carecall are responsible for programming and packaging kit including temp key safes for collection by members of STAT
- Kit is installed by the STAT team at the assessment visit
- As part of the installation the STAT worker makes a test call to Carecall providing essential information including client's name, address, key safe number and kit ID.
- STAT worker on return to office completes online referral form
- After 6 weeks Carecall contact the client to see if they wish to keep or return the kit. They arrange a visit to retrieve or change the key safe or to install different/additional equipment if required.



Stakeholder engagement

For the **Fast Track** trial, various feedback loops were put in place to assess both staff and user experience. For engagement with the STAT team, Carecall and the steering group, we put in place interviews with selected roles, [bi-weekly online surveys](#) and steering group meetings/workshops.



The user side of the feedback was rather more complex. To measure the change in experience from the 'as-is' process to the Fast Track process, the feedback had to be collected at two points for the control and trial groups:

1. A [survey](#) at the STAT assessment visit, which for the trial group now includes installation of Fast Track kit
2. A [survey](#) at the Carecall installation visit, which for the trial group is now a phone call from Carecall after 6 weeks with their Fast Track kit

It was challenging to co-ordinate and plan these, and further lessons learned from both the content of the surveys and the time needed/method to collect (especially control group) data will be shared in the TEL pathway guide. We did not have enough time to gather sufficient control group data. We will review this when we roll out the Fast Track to other groups and ensure we are gathering baselines well before they start the trial.

We will review this stakeholder engagement strategy as we move into embedding the trial.

The Fast Track Trial – user and staff feedback



Users

Engaged through surveys at the STAT visit and after 6 week trial

91%

were highly satisfied with the STAT visit where they received Fast Track kit (scored 8 out of 10 or higher on satisfaction)

Extremely satisfied with all the service provided

Provided extra level of care not expected

Very happy – feel reassured

Clear & efficient told us what we want to know

Time...

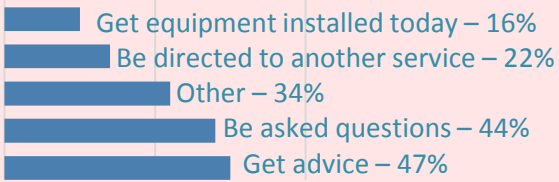
the STAT assessment and install visit took **Just right – 97%**

given for the free trial period (6 weeks) **Just right – 100%**

Too long/short

Expectations:

What did you expect to happen at this visit (STAT team)? Select **all that apply**.



It is important to note that there may have been inconsistencies in how the surveys were carried out with users/carers. We did not gather sufficient data from a control group to be able to compare them in that way. Many of these results are not directly attributable to the trial, but nevertheless show a useful picture of service performance so far. You can see the bi-weekly data [here](#)

The service:

What did clients and carers/family think about the trial period?

85% of clients

agreed/strongly agreed that they trusted the technology to help them stay safe at home

91% of carers

agreed/strongly agreed that they felt more confident leaving their family member/client alone at home

Do people feel they are well **informed** about Carecall at the STAT visit?

I know what Carecall is/how it works **Agree – 84%** **Strongly agree 16%**

I know what will happen next **Agree – 81%** **Strongly agree 16%**

88%

stayed with the Carecall Service after the 6 week trial period because:

Peace of mind as I'm on my own

Nice to know there's someone there

Very good and put in quickly

It works well

71%

would be **willing to try additional telecare kit** if they ever needed more support in the future

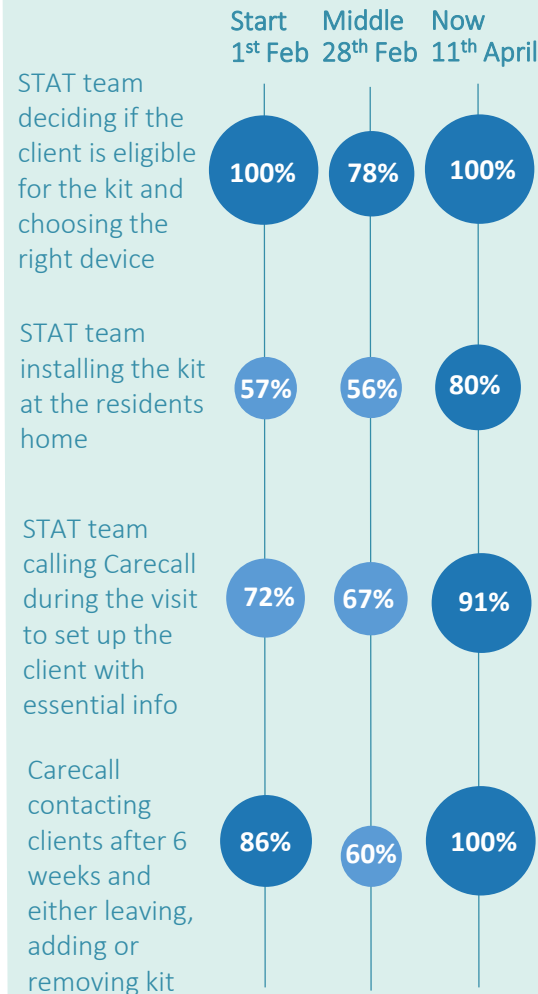


Staff

Engaged through bi-weekly surveys and interviews

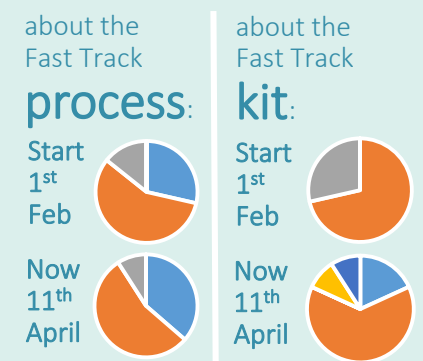
Process:

% who are very or extremely confident about this step of the Fast Track process



How I feel...

(Very positive, positive, neutral, negative, very negative)



3 words...

To describe the assessment/install visit: **Quick, thorough, streamlined**
 To describe Fast Track kit: **compact, easy, frustration, appropriate, safe, useful**
 To describe the relationship between STAT and Carecall: **helpful, friendly, effective, confident**

Key issues

have been around the kit used:

- Finding keysafe locations
- Finding signal and pairing
- Communication during set up call

100% of staff would like to absorb the Fast Track process into business as usual

The Fast Track Trial – key figures and benefits



33 kits installed by STAT team so far...

averaging ca. **3 installs/week**

14 six week trial calls

have been completed by Carecall up to this point

The **alarm history** for Fast Track clients shows during their 6 week trial shows:

3

Falls

2

No
Voice
Contacts

5

False
alarms

1

Anxious
client

(2 alarms also required an ambulance)

2 clients

wanted their kit removed (the equipment was not suitable and due to a change of **circumstance** - moved to hospice)



100%

of clients were given a **unit and pendant** as their initial Fast Track kit (rather than a falls detector).

Two clients already had their own **keysafes**.

After the six week trial most clients swapped to 'like for like' permanent kit. Additionally to this:



4

clients got their own keysafe



3

clients got a smoke detector installed



2

clients received a falls detector

The **'Fast Track' benefits** were based on two core principles. The first was to expedite the installation of kit into residents' homes. The second was to install improved kit to directly tackle 'false alarms' and 'no voice contacts'. The combination of these principles would allow us to realise time and monetary savings as well as improve resident experience with the service.

Due to complications and delays with the providers of the hardware, it has not been possible to implement the second of the core principles outlined above.

In addition to our baseline metrics, we recorded interim measurements in December before taking a third data set in April.

At this time, we are able to evidence an improvement in the areas which are directly related to installation speed and where the limited sample range allows us to draw an indicator.

Going forward, we will continue to record and analyse the available metrics as the new kit becomes available. This will also allow us to track the benefits which require a longer range and sample size in order to be realised, such as the overall increased uptake in telecare services over social care packages

To review the comments on the benefits tracker [click here](#)

20 → **6**
Days

The lead time for a routine Carecall installation used to take 20 days on average once the instruction was received by Carecall (Jan – Jul 2018). With the introduction of STAT and Fast Track installs, clients receive an installation within 6 days of referral on average

17 → **6**
Days

The lead time for urgent Carecall installations used to take 17 days on average once the instruction was received by Carecall. (Jan – Jul 2018). As Fast Track installs are completed by STAT, urgent installs can be prioritised by Carecall



Fewer "problem" installs

Caused by unavailability of power sockets / phone lines, etc



Improved Perception

Of the Council and Carecall through the speed and quality of services provided



Less likelihood of refused installs

As the STAT team can install it for free on the day of visit

People are getting the appropriate equipment quickly. For our team it means that we've got a better workload balance because someone else is doing the install. – **Team leader, Carecall**

It's lovely to see how people react – they're amazed that they can get something so quickly. – **Social Care Officer, STAT team**

One gentleman's wife said he's a lot more able to move around now, where before he was just sitting in his chair when she was off at work. Another service user had a fall the following week it was installed. /.../That lady would have had to wait however many weeks for Carecall, so that would have been the window where she had the fall. – **Social Care Officer, STAT team**

I would like to continue the Fast Track process as it is an efficient, much improved service for the service user – **Anonymous response, bi-weekly staff survey**

It give us a bit of breathing space because then we can go out later on and install with a unit that goes through the phone line – **Senior Call and Concierge Officer, Carecall**

Reflections and key lessons learned

Equipment

- Engage with equipment providers early and allow plenty of time for in house testing
- Ensure you know exactly what you want from the equipment and put it in writing so that it is clear for all parties. Set expectations early on in the process.
- Be sure that the equipment can meet your needs and works with in-house systems before purchase .
- Keep checking what was agreed & what is happening next to ensure that everyone is on the same page.
- Engage with your procurement team early. Procurement can be a lengthy process , especially if using more bespoke kit. Senior management buy in can help the process.
- Talk to other LAs if possible who have similar issues or are using similar equipment and don't just rely on information from equipment providers.
- Finding suitable locations for temporary keysafes can be an issue and limit Fast Track installations. Try talking to partners to resolve access issues.

Some insights from our stakeholders:

Sometimes the most challenging is finding somewhere to put the keysafe. – **Social Care Officer, STAT team**

Look at the equipment you're using and make sure it's appropriate, but definitely go for it. It's a good scheme. – **Team Leader, Carecall**

Working with new technology/new technology suppliers is always a challenge and we've had to be flexible on how we've got our outcomes, but we've worked really well around those challenges.– **Information & Communication Manager**

Process

- It's not all about the equipment – Clear simple processes and pathways for everyone involved to follow with 'go-to' points for queries and edge cases and the capacity to review & adapt as needed. We identified an issue with duplication of information – referral information is given over the phone when equipment is set up & again through the online referral system. We will try to eradicate this duplication before further roll out of the service
- It's important to have clear eligibility criteria identifying which residents are suitable to take part
- Training on the kit and process is important
- Good relationships between everyone involved, in this case between STAT & Carecall were very important
- Good communication between staff but crucially with residents taking part in the trial was essential. Residents taking part in the trial were given the first 6 weeks provision free before they needed to make a decision about whether they wanted to keep the kit which then became a chargeable service.
- This needed to be clearly communicated and written information sheets were left with clients. It's helpful to have a mid-point phone call to remind residents that the trial is coming to an end so that they can begin thinking about what they want to do next.

It's not difficult. It's part of my assessment to see if someone needs Carecall and it's great to see it set up straight away. – **Social Care Officer, STAT team**

The trickiest bit is getting information off the social worker over the telephone call when we're actually busy taking other calls...but we're getting there – **Senior Calls and Concierge Officer, Carecall**

Evaluation

- Allow time for the process to embed, reflect on how it is working, and amend if needed - plan to withdraw if necessary
- Agree what data you want to collect and ensure clear up to date tracking of clients to show impact of the process , help identify where something is not working & for changes to be made.

The greatest challenge for me has been a lack of data availability or quality. Going forward, I hope that the services will track what they do in more detail so that they can measure and evidence all of the hard work that they put into projects and their day-to-day. – **Business analyst, Digital By Design**

Some of the challenges have been to decide on the right amount of detail for the feedback- trying not to add too much extra effort to the staff who are collecting those surveys, but at the same time getting enough information from people in order for us to judge if we're successful in what we're doing - **Service designer, Digital By Design**

What's worked well has been the enthusiasm of the staff to actively embrace a new way of working - **Service Manager, Preventative Services & TEL.**

We've managed to implement something that works well quite quickly, and that we can then potentially roll out within the council and with our health partners - **Senior Project Officer**

Future plans

The Fast Track trial

Based on the evidence so far, the Fast Track trial is working in the way we intended, with both Carecall and the STAT team working well together to successfully implement Fast Track telecare installations for 33 Stockport residents.

The trial will therefore continue, allowing us time to install all the kit originally purchased for the initial pilot, to collect additional data as required and further embed this new approach. Unless any unforeseen problems arise, it is envisaged the process will then become 'business as usual' for the STAT team.

We will use the embedding period to make any final adjustments to the process. We then plan to roll out the Fast Track model to other teams in the council, and with our health partners in the CCG and Foundation Trust. We also intend to share the approach more widely with other LAs and interested parties, and have kept a comprehensive account of the trial using Microsoft Sway which we will make available as required.

I think the challenges going forward would be regarding key safes. Really the challenge is to try and implement a permanent key safe as part of the package. - **Team leader, Carecall**

Swap out trial

This project has produced compelling data about the scale of false alarms. Based on this evidence from our discovery, we are still fully committed to tackling the issue of false alarms from falls detectors and no voice contacts.

The technical issues experienced to date, and documented in this report, have meant that so far we have been unable to implement new kit aimed at reducing no voice contacts and false alarms. These issues are being resolved, and we anticipate in the next few months we will be able to carry out further testing leading to service user trials with additional speaker units and the advanced falls detector.

The telecare industry has accepted false alarms as part of normal business. However high volumes of false alarms are disruptive for service users and monitoring centres. Through the use of some simple technologies, we want to show it is possible to reduce false alarms.

There are so many potential pilots out there that we could be looking at. I think it will be quite difficult to select where we go next with our technology service – **Service Manager, Preventative Services & TEL.**

Further opportunities

The success of the Fast Track trial so far has led to interest from other teams within the Council & our health partners. Included are the Crisis Response team, Hospital Discharge Team and area social work teams and it is in these areas that we will next look at exploring the implementation of the Fast Track process. So far we have only explored the use of the Doro for this process, we would like next to look at other types of 'plug & play' telecare kit to see if there's any advantage in including other types of technology within this process.

The main barrier might be that as we roll it out to different teams across the council, how do we keep that oversight and management of the project – **Project Manager, Adult Social Care.**

Our aim is to produce a toolkit to enable us to share current & future learning from this project with other local authorities. This will include what we have discovered around engaging with new technologies as well as the set up required to deliver the Fast Track process effectively.

Following on from this we are looking at aligning our TEL Pathway solution with our evolving TEL Strategy and are excited about the future opportunities this could create. We will apply the methods & tools used in this project to explore the other elements of the TEL pathway.

In this phase of the project we have engaged with other local authorities including Birmingham City Council, Southwark Council, Hampshire County Council and Worcestershire County Council where we have shared valuable learning.

Stockport's Technology Enabled Living (TEL) pathway

A key output from Stockport's Digital Innovation programme was the creation of a technology pathway. This pathway illustrates how Stockport aims to use different technologies to support people with varying levels of need. Both the Swap Out and Fast Track pilots outlined in this report are part of that pathway. In addition to these pilots, we intend to begin to research and roll out the other areas of the pathway including carrying out a small discovery project investigating the use of environmental monitoring, reviewing the assessment tools and raising awareness of alternative uses of mainstream devices. We are currently working on a new TEL Strategy, which will include an action plan to help deliver the full TEL pathway for Stockport.

4

3

2

1

